

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030592

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1228

Primary Registration District No. 200

Registrar's No. 1223

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
SpringfieldLength of stay in 1b
28 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
DOA St. John's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY
OR
TOWN
SpringfieldInside Limits
Yes ☒ No ☐d. STREET
ADDRESS
440 E. ElmReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILDA

Middle

VEE

Last

BROWN

4. DATE
OF
DEATH

Month

Day

Year

August 9, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

3/8/1931

9. AGE (last birthday)

31

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Homemaking

11. BIRTHPLACE (City and state or country)

Flippin, Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Hutchinson

13b. MOTHER'S MAIDEN NAME

Elsie Hurst

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT Springfield, Missouri.

Harrison Hutchinson, 931 W. Poplar,

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

No organic disease found

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1961 to Aug 9, 62 and last saw her alive on Aug 7, 62
Death occurred at Death on arrival at Hosp. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Degree or title)

Care H. Schreff MD

22b. ADDRESS

1630 N. Jefferson, Springfield, MO

22c. DATE SIGNED

8-15-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/13/1962

23c. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR Springfield, Missouri.

Ralph Thieme, 1200 Boonville Ave.

25. DATE RECD. BY LOCAL REG.

8-15-62

26. REGISTRAR'S SIGNATURE

Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

6397

63972

3

4 1

5 3

6

7 1

8 1

97955

10

11

12-0

13

Permit renewed 8-13-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. W. Tuttle

Licensed Embalmer No. 5079

P. O. Address Spfd, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.